



INDIVIDUAL MEMBERSHIP APPLICATION FORM 2023-2024

APPLICANT INFORMATION

Name:		
Email:		
Address (street or box #):		Gender:
City/Town:	Province:	Postal Code:
Phone (h):	Phone (c):	Date of Birth:
Indigenous Self-Declaration: Please check one of the following that is most applicable to your Indigenous ancestry: <input type="checkbox"/> Status/Treaty <input type="checkbox"/> Metis <input type="checkbox"/> Non-Status First Nation <input type="checkbox"/> Inuit		
Are you an individual living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond		
Are you a newcomer to Canada within the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to respond		
*Providing this information is voluntary and will be used for statistical purposes, only. It will not be used by Gymnastics Saskatchewan for any other prohibited preference as per The Saskatchewan Human Rights Code.		

TYPE OF MEMBERSHIP (PLEASE CHECK APPROPRIATE BOX)

<input type="checkbox"/> Individual Member (with associate organization)	\$50.00
<input type="checkbox"/> Volunteers	\$30.00
<input type="checkbox"/> Coach in Training (has not completed any coaching courses)	\$58.00
<input type="checkbox"/> Recreational / Inter-Club Coach Discipline: <input type="checkbox"/> MAG <input type="checkbox"/> WAG <input type="checkbox"/> TG <input type="checkbox"/> RG <input type="checkbox"/> GFA <input type="checkbox"/> ACRO <input type="checkbox"/> SOS NCCP#: _____	\$115.00
<input type="checkbox"/> Competitive Coach Discipline: <input type="checkbox"/> MAG <input type="checkbox"/> WAG <input type="checkbox"/> TG <input type="checkbox"/> RG <input type="checkbox"/> ACRO NCCP#: _____	\$142.00

If more than one applies, pay ONLY the highest applicable fee
Memberships are valid from September 1 to August 31 each year

PAYMENT OPTIONS

<input type="checkbox"/> Cheque: Please make cheques payable to Gymnastics Saskatchewan	<input type="checkbox"/> VISA (add 2.4%)	<input type="checkbox"/> MASTERCARD (add 2.4%)
Card Holders Name:		
Card Number:	Expiry Date:	CVC #:

SEND TO

Gymnastics Saskatchewan
300-1734 Elphinstone Street; Regina, SK; S4T 1K1
Email: acox@gymsask.com
Fax: (306) 780-9475